IWORK Student ☐
☐ Winter _____
☐ Spring _____
☐ Fall _____

STUDENT RESEARCH ASSOCIATESHIP APPLICATION
Background Information

Name on Passport or
Government ID _____   Student ID# _____

Visa Expiration Date (Int'l Std. only): _____

Email _____   Date

Department/College _____

Faculty Mentor _____
                  Print Name   Signature

Program Dean _____
                  Print Name   Signature

Proposal Title _____

Last Semester GPA _____   Cumulative GPA _____

Year in School _____   Current Course Load _____

Estimated Month/
Year of Graduation _____   Total Credit Hours as
of Last Semester _____

Budget Information

Total amount requested should be no more than **$2,000**

Type of Expense	Requested from Student Research
Travel:	
Airfare	
Hotel	
Ground Transportation	
Conference Registration	
Total	

Conference Name	Location	Dates

Activity	Winter Semester Research	Spring Semester Research	Fall Semester Research
Proposal Deadline	Oct. 15	Feb. 1	Jun. 1

Please attach your application, proposal and any approval notifications/letters in an email to admin_aid@byuh.edu.
The subject line should include the words "Student Research Associateship."